Rate Floor Data

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Block	I - Contact Infor	nation'	基份 医牙头点			
ROW#		DATA ELEMENT	2000-0000 - 5000	FORMAT OF REQUESTED DATA	RESPONSE	
1	Carrier Study Area Code		6 numeric digits	270436		
2	Carrier Study Area Name			alpha characters	Century North LA	
3	Service Provider Identification Number			9 numeric digits	143001596	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	
9	\$ 16.35	0.72	\$ 0.57	NA		
10	\$ 17.45	0.72	\$ 0.61	NA NA	-	the face of the set of
11	\$ 19.65	0.7	\$ 0.69	NA NA		
12	\$ 17.20	0.7	\$ 0.60	NA NA		
13	Ψ 17.20	0.7	\$ 0,00	I NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of	Officer as to the Accuracy of the Data Reported	I for the Rate Floor Data
	porting carrier; my responsibilities include ensuring the a owledge, the information reported on this form is accurate	
Name of Reporting Carrier: CenturyTel of N	orth Louisiana, J.L.C d/b/a CenturyLink	58.5
Signature of authorized officer:		Date 6/20/14
Printed name of authorized officer: David D. C	ple	
Title or position of authorized officer: Executive	Vice President of Operations Support and Controller	*
Telephone number of authorized officer: (318)	388 - 9000, ext.	
Study Area Code of Reporting Carrier	270436 Filing Due Date for this form	7/1/2014
	er	,